Combined Declaration For Patent Application and Power of Attorney					ATTORNEY DOCKET 82531DMW				
As below named inve	ntor, I hereby dec	lare that:							
My residence, post office address and citizenship are as stated below next to my name,									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below)									
of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
METHOD AND SYSTEM FOR CREATING DENTAL MODELS FROM IMAGERY									
The anniform of the 1/1 of	t 1 1.	-1							
The specification of which (check only one item below):  X is attached hereto.									
was filed as United States Application Serial No. on and was amended on (if applicable).									
was filed as PCT interna	was filed as PCT international application Number on and was amended under PCT Article 19 on (if applicable).								
I hereby state that I have reviewe	d and understand	the contents of the	above	-identified specification, i	ncluding the	claims,	as amended b	y any an	nendment
referred to above.									
I acknowledge the duty to disclo 37, Code of Federal Regulations,		ent & Trademark	Office	all information known to 1	ne to be mat	erial top	atentability a	s defined	in Title
I hereby claim foreign priority be	-	35. United States	Code.	8119 of any foreign applie	cation(s) for	natent o	r inventor's c	ertificate	or of any
PCT international application(s)									
foreign applications(s) for paten									
States of America filed by me on						hich pri	ority is claime	d:	
PRIOR FOREIGN/PCT APPL	ICATION(S) AN	D ANY PRIORII	Y CLA	IIMS UNDER 35 U.S.C.	119:				
COUNTRY (if PCT, indicate PCT)	Ä	PPLICATION NUMBER		DATE OF FILING (day month year)			PRIORITY CLAIMED UI	NDER 35 USC §1	
			_				YES		NO
**** ***							YES		NO
							YES		МО
F. hereby claim the benefit under	Tid. 25 II.:4.1 C	4-4 G-1 110 &	(.) C	I i i i co	1 1 1		<del></del>		
PRIOR PROVISIONAL APPL						n(s) list	ed below:		
Control for after the control for the control	PPLICATION NUMBER				FILING D	ATE			
PROVISIONAL AI					T IEMO SI				
			1-	<del></del>					
225	TIA OF II 's 10								
I hereby claim the benefit under 'the United States of America that	t is/are listed belo	w and, insofar as t	he sub	ect matter of each of the c	laims of this	applica	tion is not di	sclosed in	that/those
prior applications(s) in the mann	er provided by th	e first paragraph o	of Title	35, §112, I acknowledge	the duty to	disclose	to the U.S. F	atent &	Trademark
Office all information known to me to be material topatentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:									
PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER									
35USC§120:	OR PCT INTERN	ATIONAL APPL	ICATI	ONS DESIGNATING TI	HE U.S FOR	BENE	FIT UNDER		
US APPLICATIONS			NS			STATUS (Check one)			
U.S. APPLICATION NUM	U S. FILING DATE		PATENTE	ĒD	PENDING	ABAI	NDONED		
PCT APPLICATIONS DESIGNATING THE U S						· · · · · · · · · · · · · · · · · · ·			
PCT APPLICATION NO PCT FILI		NG DATE  U.S. SÉRIAL NUMBERS  ASSIGNED (if any)			<del> </del>			+	
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Combined Declaration For Patent Application and Power of Attorney (Continued)	ATT
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ATTORNEY DOCKET 82531DMW

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

	nd Corresp	pondence to: Patent Legal	Staff	Direct Telephone Calls to: (name and telephone number)
Eastman Kodak Company 343 State Street			David M. Woods	
			VY 14650-2201	(716) 477-5256 FAX: (716) 477-4646
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l	RESIDENCE & CITIZENSHIP	CITY 34 Fairfield Drive Fairport	STATE OR FOREIGN COUNTRY New York 14450 USA	COUNTRY OF CITIZENSHIP US
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11.00	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Company	343 State Street, Rochester	STATE & ZIP CODE (COUNTRY) New York 14650 USA
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	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
Ĺ	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
Γ	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine of imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204		
Lolu Boland	SIGNATURE OF INVENTOR 202  JOHN P Apoor liveren	signature of inventor-203.
6/27/2001 (	6/25/2001	06/28/2001
SIGNATURE OF INVENTOR 204  DATE	SIGNATÜRE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE